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**Referral Letter to Hospital**

**[Your Name]  
[Your Title]  
[Clinic/Hospital Name]  
[Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]**

**[Date]**

**[Hospital Administrator’s Name]  
[Hospital Name]  
[Address]  
[City, State, Zip Code]**

**Dear [Hospital Administrator’s Name],**

**I am writing to refer [Patient’s Name], a [age] year old [male/female], to your hospital for further evaluation and treatment of [specific medical condition]. [Patient’s Name] has been experiencing [symptoms] for [duration] and requires specialized care that your facility can provide.**

**Patient Information:**

* **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Medical Condition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Relevant Medical History: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Summary of Care to Date:**

* **Initial Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Treatments Administered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Response to Treatments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reason for Referral:**

**Attached Documents:**

* **Medical History**
* **Test Results**
* **Treatment Records**
* **Referral Form**

**Please schedule [Patient’s Name] for an appointment at your earliest convenience. Feel free to contact me if you need any additional information or if there are any specific protocols to follow before the referral.**

**Thank you for your cooperation and assistance.**

**Sincerely,**

**[Your Name]  
[Your Title]**